



Orthopedic Celluloid Department Work.



Department of Leather Work.

knowledge of drawing and of anatomy which was turned to a useful purpose in the carving of artificial limbs. The visitor may also note with interest that reproductions of Leonardo's anatomical drawings are used as models in the Bologna workshop.

Putti has twice visited America, is an honorary member of the American Orthopedic Association, and has many friends and acquaintances among the leading surgeons of America.

In 1923 he visited South America and lectured extensively in Argentina, Brazil, Peru, and Chile. He performed several important operations in San Paulo and Rio, and *on his desire the honorariums which were offered for his professional service were given to the hospital.*

The Rizzoli Institute for Orthopedic Diseases is named after Professor Francesco Rizzoli, who bequeathed his entire fortune for its establishment. It is located in the former Monastery of the Olivetan Monks on the hill of San Michele, in Bosco, overlooking the city of Bologna. Besides the beautiful surroundings, the building in itself is of great interest.

The library is located in a hall adorned by frescoes of the sixteenth century. The oak-panelled room, used by the monks as a refectory, has been transformed into a pathological museum. On the floor of the long corridors and court, quaint inscriptions and astronomical signs are to be seen. The Institute can accommodate 200 patients, but the large halls and wide corridors allowed it to receive up to 1000 soldiers during the war.

Besides the wards, private rooms, and special departments for children, the Institute is equipped with gymnasium, library, scientific laboratories, museum, and orthopedic workshops. There is now a branch of the institution in Cortina d'Ampezzo, where at an altitude of 7000 feet the patients enjoy mountain air and heliotherapy.

The lectures and courses for students of the University of Bologna take place in the Institute itself, and are attended by medical students from every part of Italy as well as from many foreign countries, including North and South America.

#### LANE MEDICAL LECTURER

Thus we have before us a brief sketch of the man—and his background—who is to give the Lane Lectures for 1925. Not only orthopedic surgeons,

but physicians of all classes ought to attend these lectures.

Why not set aside the week of November 9 to 14, to hear, meet, and know Doctor Putti? Physicians from other localities will be able to spend all of their available time in interesting conferences with other medical teachers and colleagues in any of the splendid hospitals of the city.

#### EVERY DOCTOR A HEALTH OFFICER

President George E. Vincent of the Rockefeller Foundation said several mighty interesting things (L. I. Med. Jour.) in a recent address before the Kings County (New York) Medical Society. At least we find them interesting because they are along the line that CALIFORNIA AND WESTERN MEDICINE has been preaching for years. In effect they are, that permanent health progress will move ahead precisely as physicians practice.

President Vincent had become so interested in the gratifying reports about better health among the people of Denmark that he sent a representative to study the secrets of success. The summary of the representative's report President Vincent gives in this sentence:

"In Denmark every doctor is a public health officer, and every public health officer is a doctor."

There was only one full-time public health officer in Denmark. There were no "Clean-up weeks," "tag days," "sales of seals," nor "vociferous campaigns of education." The writer goes on to say that the "limits of public authority (in health matters) are coming to be recognized." Precisely, and it is here—as always—that the *personal health doctor* is again being discovered as *public health doctor* upon whom the health progress of persons and masses unavoidably devolves. There is too much ballyhoo about health by people who do not and cannot know what they are talking about, and one of the chief results of their activities—whether or not so intended—is to lead average citizens to think less of the ability and usefulness of their doctors who do not utilize circus methods to promote their cause. As President Vincent points out, we are only beginning to appreciate that our boast of great, highly effective fire departments is made "without

*realizing that the very need for them is a national disgrace."* Some day—maybe—we will develop the same intelligent consciousness about "great public health departments."

However, we are now in a much earlier stage of development in health promotion, and we may continue to expand our fire departments of health until reaction comes and returning sanity again reveals the simpler, cheaper, and more effective method of the individual and family "health counselor." There is a place for organized public health, and there is plenty for such organizations to do. There is even a place for the public health "OFFICER," and there is great need for the public health DOCTOR. The distinction between "officer" and "doctor," as here used, is important and significant: Society needs more health *doctors* and fewer health *officers*. The public health doctor never forgets he is a *doctor*, and many health *officers* never have been doctors in the sense we mean, or, if so, they have forgotten the fact.

#### WHO FILLS YOUR PRESCRIPTIONS?

Ignorance, mistakes, or worse, on the part of pharmacists and other technicians who fill doctors' prescriptions are reflected with increasing frequency in the public press. Now it is substitution of corrosive sublimate for calomel; then it is inaccurate weighing and consequent overdosage; here it is wrong technique in preparing arsenicals, toxins, antitoxins or other dangerous substances, and there it is some other tragedy from some other form of carelessness, irresponsibility, or worse, on the part of the dispenser.

The doctor's duty is not ended when he writes an order or gives a prescription. He should satisfy himself that his instructions will be carried out by directing the patient, if need be, where he can find reliable service. True, most people once felt they could rely upon the state's license for such service, but it appears that this is now no more reliable in many places as to pharmacists and dispensers of doctors' prescriptions than is the state's license to practice medicine a guarantee of the honesty or ability of a doctor.

Newspaper stories are entirely too numerous of instances of poisoning by "wrong mixtures," "overdosage," substitution or what not, by narcotized, criminally negligent, ignorant, or mentally ill technicians who prepare dangerous supplies for doctors and their patients.

Nothing in this editorial is intended to reflect upon the great majority of prescription pharmacists who are rendering well a necessary service and upon whom physicians and the public rely with confidence. It is their interest as well as that of physicians, and more important still that of the public, that warrants this caution.

#### DIAGNOSTIC ERRORS

Of all the stupid traditions that hang onto and around the practice of medicine, there is none worse than that old and long since outgrown practice of trying to find some *one* disease that would explain all of the patient's symptoms and then looking no further *before* acting. Then if anything else should show up later, or if the symptoms continued after

the cure, to blame it all upon "complications sequelae or secondary disease."

Only a few years ago, given a patient with a leaking heart valve, and gall-bladder pain, much time was wasted in trying to make one of them the "primary or principal disease" and the other as "secondary or a complication." Too much of this sort of stupidity is still reflected in some hospital and morbidity records.

A great medical teacher has said that he could satisfy himself as to efficiency and thoroughness of a hospital or a physician by the number of **different** diagnoses found in each patient. "*Not primary and secondary complications and sequelae, but diagnoses.*"

The average number of diagnoses in large series of adult patients will show—and some of them do show—from two to six or even more separate troubles for each patient. Of course, there are secondary troubles and complications directly resulting from some other disease. *But this is not the important point from the standpoints of either preventive, ameliorative, or curative effort.*

Such narrow appreciation of the fundamentals of medicine, combined with a certain amount of carelessness, is responsible for a certain amount of unnecessary surgery and other forms of medication. This story and its consequences are seen and recognized by most physicians. It is reflected in many of the scores of letters that pour in daily to the Better Health Service. Patients by the hundreds during the last year have told their troubles, which may be illustrated by one: The patient complained of vague digestive symptoms. Physician's examination showed some tenderness in the right abdomen. The appendix was removed. The symptoms continued. The gall-bladder was removed. The symptoms still continued. The pelvis was examined, and some trouble found. The uterus was placed and fixed. More of the same and, of course, other symptoms. A neuropsychiatrist found a definite neurotic background, and made a diagnosis of hysteria. Appropriate treatment does all that could be done, considering the years of misapplied effort. It does all that was indicated at any time during the patient's illness.

Every physician can tell many stories to the same general effect. A larger proportion of patients than formerly now recognize that physicians make human errors, and more and more intelligent people are judging a physician by his education, his humanity and, above all, *by the earnestness and thoroughness with which he applies himself to his problems.*

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**Clinical and Serologic Studies of Neurosyphilis With Tryparsamide Therapy**—In a series of thirty-seven cases of neurosyphilis, in all of which anti-syphilitic treatment had been given previously, tryparsamide therapy combined with special technic has proved, in the hands of J. M. Wolfshon and Carlos Leiva, San Francisco (Journal A. M. A.), an apparently distinct advance over other forms of treatment. The improvements are mostly symptomatic. Tryparsamide in doses of 2.5 gm. may and does occasionally cause ocular symptoms, but no more often than do other arsenicals. It is one of the best tolerated of the arsenicals used in the treatment of neurosyphilis. It has little or no effect on the serologic reactions in general paralysis. It is distinctly beneficial, both clinically and serologically, in certain types of tabes. Tryparsamide is a distinct addition to the therapy of neurosyphilis.